Name in Full Joseph N. Bailey

Certificate of Death

Died at Town Rockville County Montgomery MARYLAND

Date 189 8 Month October Day 27 | Age Y. 50. M. D. | Native of Maryland | Occupation Bailiff

Male / Female | White / Colored | Married / Single | Widow Widower | Divorced Number of children living seven

Husband / Wife of Attolia M Bailey

Father's Name Joseph Bailey | Mother's Name Jane

Cause of Death: Primary Exposure | Immediate Bright's disease | How long sick Three months | Accident, Suicide, Homicide

97

Reported by Edward Anderson M. D.

Address Rockville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Richard H. Cole

Certificate of Death

Died at: Town: Cropley's County: Montgomery MARYLAND

Date 189 8 Month 10 Day 27 Age Y. 36 M. D. Native of Charles Co. Occupation Farmer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband ~~Wife~~ of Ann L Garner

Father's Name 22a Mother's Name

Cause of Death: Primary Pulmonary Tuberculosis How long sick 1 year

Immediate hemorrhage ~~Accident, Suicide, Homicide~~

Reported by W. J. "Pratt M.D."

Address Potomac Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full Robert Davis

Certificate of Death

Town Clarksburg County Montg. MARYLAND

Died at

Date 189 8 Month Oct. Day 6 | Age Y. 7 M. 1 D. 28 | Native of Md — | Occupation — —

Male ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number ~~of children living~~

Husband of
Wife

Father's Name Filliam Davis

Mother's Name Laura Washington

Cause of Death: Primary Diphtheria

Immediate

How long sick 6 days

~~Accident, Suicide, Homicide~~

Reported by J. E. Beall

Address Clarksburg Md —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 05968

Name in Full Frank Jackson

Certificate of Death

Died at Town Sandy County Montgomery MARYLAND

Date 1898 Month 10 Day 7 Age Y. 54 M. 2 D. 12 Native of Maryland Occupation Laborer

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living one

Husband ~~Wife~~ Amin Jackson

Father's Name Ephraim Mother's Name Priscilla

Cause of Death Primary Institutional Nephritis How long sick two years

Immediate Pericarditis 97 Accident, Suicide, Homicide

Reported by Roger Brooke

Address Sandy Spring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85868

Name in Full

Certificate of Death

James Kemp Jr

Died at Town: Olney County: Montgomery Co. MARYLAND

Date 189 8 Month: 10- Day: 27 Age: Y. 7 M. 8 D. 5 Native of: maryland Occupation: —

Male / ~~Female~~ White / ~~Colored~~ ~~Married~~ / Single / ~~Widow~~ / Widower ~~Divorced~~ Number of children living

Husband / Wife of =

Father's Name: Josiah Kemp

Mother's Name: Sarah Kemp

Cause of Death: Primary: Diphtheria

Immediate: Heart failure

How long sick: 10 days

Accident, Suicide, Homicide

Reported by: Roger Brooke

Address: Sandy Spring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65168

Name in Full

Certificate of Death

Carolyn Elizabeth Lanthicum

Died at Town: Rockville, County: Montgomery MARYLAND

Date 1898 Month: Oct. Day: 5

Age Y. 1 M. 2 D.

Native of Maryland

Occupation

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living None

~~Husband~~ ~~Wife~~ of

Father's Name Otis M Lanthicum

Mother's Name Ella Stonestreet

Cause of Death: Primary Abscess of Liver 82

How long sick 4 months

Immediate Marasmus

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by E E Stonestreet M.D.

Address Rockville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85068

Name in Full Richard Perry

Certificate of Death

Died at Town Potomac County Montgomery MARYLAND

Date 189 Month 10 Day 25 | Age Y. 17 M. D. | Native of Md. | ~~Occupation~~

~~Male~~ ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Wm. Perry

Mother's Name Mary Offutt.

Cause of Death: Primary Typhoid Fever + Pulmonitis

How long sick 53 days

Immediate

~~Accident, Suicide, Homicide~~

Reported by W. Prather M.D.

Address Potomac Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full: Richard Plummer

Certificate of Death

Died at Town: Laytonsville County: Montgomery MARYLAND

Date 189 8: Month Oct'r. Day 28 | Age Y. 70 M. 4 D. 9 | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Husband / Wife of Ann V. Plummer

Number of children living Two

Father's Name

Mother's Name

Cause of Death: Primary — Nervous Prostration — How long sick 3 years

Immediate — " — " — ~~Accident, Suicide, Homicide~~

Reported by J. C. Brown.

Address Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 65968